

UNITED STATES DISTRICT COURT

District of _____

REVA KUTNER ET AL

SUMMONS IN A CIVIL ACTION

V.

MICHAEL O. LEAVITT, SEC. U.S. DEPT OF
HEALTH AND HUMAN SERVICES ET AL

CASE NUMBER: 08-CV-1013-SHS

TO: (Name and address of Defendant)

ROBERT M. GATES
SECRETARY, U.S. DEPARTMENT OF DEFENSE
PENTAGON
Washington, D.C. 20330

YOU ARE HEREBY SUMMONED and required to serve on PLAINTIFF'S ATTORNEY (name and address)

SANFORD KUTNER
6 TARA PLACE
METAIRIE, LA 70002

an answer to the complaint which is served on you with this summons, within 60 days after service of this summons on you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. Any answer that you serve on the parties to this action must be filed with the Clerk of this Court within a reasonable period of time after service.

CLERK

DATE

(By) DEPUTY CLERK

AO 440 (Rev. 8/01) Summons in a Civil Action

RETURN OF SERVICE		
Service of the Summons and complaint was made by me ⁽¹⁾	DATE	
NAME OF SERVER (PRINT) SAUNDRA KUTNER	TITLE	
Check one box below to indicate appropriate method of service		
<input type="checkbox"/> Served personally upon the defendant. Place where served:		
<input type="checkbox"/> Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein. Name of person with whom the summons and complaint were left:		
<input type="checkbox"/> Returned unexecuted:		
<input type="checkbox"/> Other (specify):		
STATEMENT OF SERVICE FEES		
TRAVEL	SERVICES	TOTAL \$0.00
DECLARATION OF SERVER		
I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.		
Executed on <u>6/5/08</u> Date	<u>S. Kutner</u> <i>Signature of Server</i>	
<u>6 Tax Place, Metairie, LA 70002</u> <i>Address of Server</i>		

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Label/Receipt Number: **7007 2560 0003 2771 4799**

Detailed Results:

- Delivered, June 05, 2008, 7:24 am, WASHINGTON, DC 20310
- Arrival at Unit, June 05, 2008, 2:50 am, WASHINGTON, DC 20022

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UNITED STATES DISTRICT COURT

District of _____

REVA KUTNER ET AL

SUMMONS IN A CIVIL ACTION

V.

MICHAEL O. LEAVITT, SEC. U.S. DEPT OF
HEALTH AND HUMAN SERVICES ET AL

CASE NUMBER: 08-CV-1013-SHS

TO: (Name and address of Defendant)

Benton J. Campbell, MICHAEL SARGIA, ESQ
UNITED STATE ATTORNEY
271 CADMAN PLAZA EAST 86 CHAMBERS ST.
Brooklyn, NY 11201 NEW YORK, NY 10007

YOU ARE HEREBY SUMMONED and required to serve on PLAINTIFF'S ATTORNEY (name and address)

SANFORD KUTNER
6 TARA PLACE
METAIRIE, LA 70002

an answer to the complaint which is served on you with this summons, within 60 days after service of this summons on you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. Any answer that you serve on the parties to this action must be filed with the Clerk of this Court within a reasonable period of time after service.

CLERK

DATE

(By) DEPUTY CLERK

AO 440 (Rev. 8/01) Summons in a Civil Action

RETURN OF SERVICE		
Service of the Summons and complaint was made by me ⁽¹⁾	DATE 6/7/08	
NAME OF SERVER (PRINT) SANFORD KUTNER	TITLE	
Check one box below to indicate appropriate method of service		
<input type="checkbox"/> Served personally upon the defendant. Place where served:		
<input type="checkbox"/> Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein.		
Name of person with whom the summons and complaint were left:		
<input type="checkbox"/> Returned unexecuted:		
<input checked="" type="checkbox"/> Other (specify): <i>Certified Mail</i>		
STATEMENT OF SERVICE FEES		
TRAVEL	SERVICES	TOTAL \$0.00
DECLARATION OF SERVER		
<p>I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.</p> <p>Executed on <u>6/7/08</u> <u>SANFORD KUTNER</u> <small>Date</small> <small>Signature of Server</small></p> <p><u>6 Terra Place, Metairie, LA 70002</u> <small>Address of Server</small></p>		

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Your item was delivered at 11:09 AM on June 3, 2008 in NEW YORK, NY 10007.

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UNITED STATES DISTRICT COURT

District of _____

REVA KUTNER ET AL

SUMMONS IN A CIVIL ACTION

V.

MICHAEL O. LEAVITT, SEC. U.S. DEPT OF
HEALTH AND HUMAN SERVICES ET AL

CASE NUMBER: 08-CV-1013-SHS

TO: (Name and address of Defendant)

Michael Mukasey, Esq.
United State Attorney General
U.S. Department of Justice
950 Pennsylvania Ave., Washington, DC 20530-0001

YOU ARE HEREBY SUMMONED and required to serve on PLAINTIFF'S ATTORNEY (name and address)

SANFORD KUTNER
6 TARA PLACE
METAIRIE, LA 70002

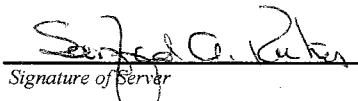
an answer to the complaint which is served on you with this summons, within 60 days after service of this summons on you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. Any answer that you serve on the parties to this action must be filed with the Clerk of this Court within a reasonable period of time after service.

CLERK

DATE

(By) DEPUTY CLERK

AO 440 (Rev. 8/01) Summons in a Civil Action

RETURN OF SERVICE		
Service of the Summons and complaint was made by me ⁽¹⁾	DATE	6/7/08
NAME OF SERVER (PRINT)	TITLE	
SANFORD KUTNER		
Check one box below to indicate appropriate method of service		
<input type="checkbox"/> Served personally upon the defendant. Place where served: <input type="checkbox"/> Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein. Name of person with whom the summons and complaint were left: <input type="checkbox"/> Returned unexecuted: <input checked="" type="checkbox"/> Other (specify): Certified mail		
STATEMENT OF SERVICE FEES		
TRAVEL	SERVICES	TOTAL \$0.00
DECLARATION OF SERVER		
I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.		
Executed on	6/7/08	Signature of Server  6 Tax N, Metairie, LA 7008 <small>Address of Server</small>

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- Delivered, June 04, 2008, 4:41 am, WASHINGTON, DC 20530
- Notice Left, June 04, 2008, 2:47 am, WASHINGTON, DC 20530
- Arrival at Unit, June 04, 2008, 12:50 am, WASHINGTON, DC 20022

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UNITED STATES DISTRICT COURT

District of _____

REVA KUTNER ET AL

SUMMONS IN A CIVIL ACTION

v.

MICHAEL O. LEAVITT, SEC. U.S. DEPT OF
HEALTH AND HUMAN SERVICES ET AL

CASE NUMBER: 08-CV-1013-SHS

TO: (Name and address of Defendant)

MICHAEL O. LEAVITT
SECRETARY, U.S. DEPT OF HEALTH AND HUMAN SERVICES
200 Independence Avenue, S.W.
Washington, D.C. 20201

YOU ARE HEREBY SUMMONED and required to serve on PLAINTIFF'S ATTORNEY (name and address)

SANFORD KUTNER
6 TARA PLACE
METAIRIE, LA 70002

an answer to the complaint which is served on you with this summons, within 60 days after service of this summons on you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. Any answer that you serve on the parties to this action must be filed with the Clerk of this Court within a reasonable period of time after service.

CLERK

DATE

(By) DEPUTY CLERK

AO 440 (Rev. 8/01) Summons in a Civil Action

RETURN OF SERVICE		
Service of the Summons and complaint was made by me ⁽¹⁾	DATE <i>6/7/08</i>	
NAME OF SERVER (PRINT) <i>Stanford KUTNER</i>	TITLE	
Check one box below to indicate appropriate method of service		
<input type="checkbox"/> Served personally upon the defendant. Place where served:		
<input type="checkbox"/> Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein. Name of person with whom the summons and complaint were left:		
<input type="checkbox"/> Returned unexecuted:		
<input checked="" type="checkbox"/> Other (specify): <i>Certified mail</i>		
STATEMENT OF SERVICE FEES		
TRAVEL	SERVICES	TOTAL \$0.00
DECLARATION OF SERVER		
I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.		
Executed on <u>June 7, 2008</u> Date	<u><i>Stanford</i></u> <small>Signature of Server</small>	
<u><i>6 Tracy Place, Metairie, LA 7002</i></u> <small>Address of Server</small>		

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Label/Receipt Number: **7007 2560 0003 2771 4829**
 Detailed Results:

- Delivered, June 04, 2008, 7:34 am, WASHINGTON, DC 20201
- Arrival at Unit, June 04, 2008, 3:05 am, WASHINGTON, DC 20022

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